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# RESIST

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A Call to Resist Illegitimate Authority

October 2002

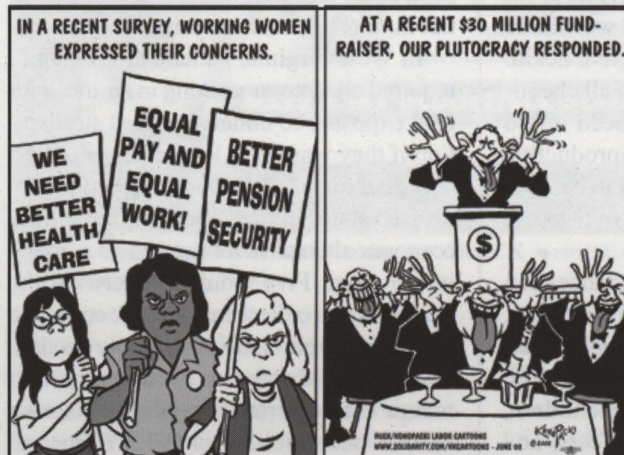
## Reproductive Rights are Labor Rights

DIANE STEIN

Until 1991, when the Supreme Court issued a pro-worker decision in *UAW v. Johnson Controls*, companies could force women to choose between having a job and having a baby. In spite of progress made since that ruling, working women and men still confront many challenges to both having a healthy child and maintaining their jobs.

In many cases, workers must choose between risking exposure to toxic environments and keeping decent-paying jobs. Ethylene oxide is a sterilizing agent that has been used for years in hospitals and other health care settings. Cytotoxic drugs are used to fight cancer and are administered in health care settings. Both of these are thought to increase the risk of miscarriage. Radiation, also common in health care settings, can cause miscarriage, brain defects and skeletal defects. PCBs, lead, organic solvents, arsenic and cadmium are just a few of the substances commonly used in manufacturing that are known or suspected of causing reproductive problems.

Reproductive freedom and choice are essential aspects for the struggles for workers' rights. While many people think of "reproductive rights" as the right to have access to family planning options, including abortion, for many women workers their struggle is defined by the desire to both have a healthy child and to maintain their economic health. It may be time to widen reproductive rights to be "the right to bear



or not bear children without undue economic hardship."

### Economic Challenges

While it is true that the right to bear healthy children without undue economic hardship is a right that both women and men need to enjoy, women bear a disproportionate financial burden. According to a study in the *Journal of American Medical Women's Association*, working women bear more of the childrearing costs than male workers (Naomi G. Swanson "Working Women and Stress," Spring 2000).

Women suffer huge economic losses because this country has no paid family leave after birth or adoption. Therefore, the 8-12 weeks off that most women would like to take results in a significant loss of income. While some states offer disability payments to women giving birth, and some union contracts or company policies pro-

vide paid leave, these are by far the minority. Until paid family leave becomes law, the vast majority of new mothers must choose between extending the time available to bond with their newborn, and going back to work to lessen their economic losses. Additionally, since most health insurance plans are tied to employment, it makes job change a difficult option to pursue.

Other economic factors

also affect true reproductive freedom. Some women are forced to decide whether to continue working in a job that exposes them to substances that could harm their child, or to risk economic losses in order to work in a place that poses fewer health risks.

### Environmental Workplace Hazards

Women have fought long and hard for access to what has been considered "non-traditional" employment. These are jobs in traditionally male industries that are generally higher-paying and often have better benefits than other more traditionally female jobs. Many of these jobs are in the manufacturing sector of the economy, where exposure to toxic chemicals is commonplace.

While in many areas of our lives products, such as pharmaceuticals and cosmetics, must be tested before being put on the market, that rule does not apply to work-

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places. There are no regulations that require a company to investigate the health risks of a product before exposing their workers. Of the thousands of chemicals used throughout industry, only approximately 400 are specifically regulated by OSHA. (OSHA, the Occupational Safety and Health Administration, is the government agency charged with protecting the health and safety of workers in this country.)

It is well known that a number of the products and conditions common in various industries are reproductive hazards. However, tests conducted on the 400 chemicals frequently used in manufacturing do not routinely address the issue of reproductive hazards. They are tested on the "average worker" who for many years was assumed to be a healthy white male approximately 40 years old. Clearly this system does not reflect the current workforce and it largely ignores reproductive health issues. In fact, only about 6% of all chemicals in commercial use have been tested for reproductive risk. When reproductive risk is considered, it is deemed to be a female problem. Male reproductive risks are rarely considered.

Some of the ways these substances can cause damage include: menstrual disorders, decreased fertility, interference with sexual function, decrease in sperm count, genetic damage that can be passed on to children, miscarriage, stillbirth, birth defects, and childhood diseases.

While many of the known harmful substances are found in manufacturing facilities, some are also found in health care, which employs large numbers of women.

Just as it is wrong that most workplace health standards are based on men, it is also wrong to define reproductive hazards as an exclusively female issue. For couples trying to conceive a healthy baby, it is important to look at the role of both the man and the woman in the reproductive process.

## Corporate Response

Most companies simply prefer to ignore the problem. And, since most mothers and fathers do not identify their reproductive problems with workplace exposures, this policy works well for them.

There have been, however, companies that have acted on this issue. Unfortunately, some of those policies have harmed women more than they have advanced the

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**It makes sense that every substance that creates a reproductive health risk, also poses a risk to adults. Protecting all workers on the job will eliminate the problem.**

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knowledge and prevention of reproductive health problems.

Beginning in the 1970s some companies who knew that the products they were exposing workers to could, in fact, cause reproductive harm, decided that the way to protect the children was to exclude potential mothers from those jobs.

In West Virginia, American Cyanamid required all women working in an area with lead exposure to undergo forced sterilization if they wanted to keep their job. West Virginia, historically one of the most depressed states in the country, offered little economic alternative for the women working in the plant. Five women underwent the sterilization in order to maintain the economic health that their families so sorely needed.

Johnson Controls, a company that makes car batteries, introduced its own "exclusionary policy" in 1982. Women of child-bearing age could no longer work in areas with exposure to known reproductive toxins. As was true at American Cyanamid, this policy effectively excluded women from high-paying jobs—regardless of whether they ever planned to have children or not. Fortunately, this policy was struck down by the Supreme Court in 1991.

In spite of the fact that exclusionary policies have been found by the Supreme Court to be an illegal form of discrimination, companies around the country are still implementing these policies as a means to protect their economic interests and keep women out of certain jobs.

## Concern for Workers Or for Profits?

Sadly, it is not even misguided altruism that is driving companies to exclude women from jobs with toxic exposures. These policies are designed to protect companies' economic interests in two ways:

1. Because of Workers' Compensation

law, workers themselves cannot sue employers for injuries and illnesses that result from workplace exposures. Children of workers, however, can sue. Many companies that introduce exclusionary policies do so because they fear that a child who suffers a birth defect as a result of the mother's workplace exposure will sue the company for damages. Consequently, in some instances, women are required to sign

waivers promising that the company will not be liable if they give birth to a child with birth defects.

2. The obvious answer to reducing a company's liability is for that company to reduce the workers' exposure to toxic substances. In the vast majority of cases, hazard reduction is technically possible. However, new ventilation systems and other hazard reducing measures can be expensive. It is cheaper for a company to reduce their liability by excluding women rather than making the workplace safer for every-

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one who works there.

## Union Response

Unions understand that the answer to this problem is to create workplaces that are safe for everyone. It makes sense that every substance that creates a reproduc-

tive health risk, also poses a risk to adults. Protecting all workers on the job will eliminate the problem.

We are, however, a long way from having safe workplaces for all. In the meantime, there are several options unions can pursue:

1. Transfer rights. Unions can try to ne-

gotiate with management to allow anyone planning to have a family to temporarily leave the job with reproductive risks and transfer to one without hazardous exposure. There should be no loss in pay or benefits.

A problem with this solution is that

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# Fighting CRACK Down

## Young Women United Oppose Coerced Sterilization in New Mexico

ANN CATON

In the spring of this year, a reactionary program known as CRACK (Children Requiring a Caring Kommunity) came to Albuquerque, New Mexico. CRACK's goal is to permanently or temporarily sterilize women with substance abuse problems in cities around the country. They offer women \$200 to either get sterilized or use a long-acting reversible contraceptive (Norplant, Depo-Provera or an IUD).

In spite of the fact that offering money for surgical sterilization has long been considered unethical and coercive by public health agencies, CRACK arrived with a splash of supportive media coverage.

They also marked their arrival with fourteen billboards - five of them in the Southeast section of the city. The Southeast is primarily low-income, with a home ownership rate of 30% and a majority of people of color. It is also the most diverse area of town, with higher concentrations of African American and Asian people than any other area of the city.

CRACK's focus on Southeast Albuquerque is true to form; they routinely target low-income communities of color with billboards and flyers, and the majority of their clients are women of color.

Although Barbara Harris, the founder of CRACK, denies all charges of racism, her comparisons between animals and clients are questionable, to say the least.

"We don't allow dogs to breed. We spay them. We neuter them. We try to keep them from having unwanted puppies, and yet these women are literally having litters of children."<sup>1</sup>

Young Women United is a community based organization committed to the health and safety of teenage and young adult women of color in Albuquerque, New



This traveling billboard, taken from the CRACK website, travels along the streets of Albuquerque, New Mexico.

Mexico. As women of color organizing for justice, we have no doubt as to who "these women" are: dark, brown, black, immigrant, low-income. We are these women. And we know our history.

Our ability to choose when, if and how we have children has been taken from us time and again by law-makers, slave-owners, soldiers and doctors. The scars of sterilization abuse run deep in our communities.

From Black women in South Carolina to Chicanas in Los Angeles to Boricuas in Puerto Rico to Native American women in Albuquerque, forced and coerced sterilization has been used to control and weaken our communities for decades. In 1982, 24% of African American women, 35% of Puerto Rican women, and 42% of Native American women had been sterilized, as compared to 15% of white women.<sup>2</sup>

Most of the Native women who were sterilized in the 1960s and 1970s had the procedure performed in Albuquerque, Phoenix, or one of 10 other urban areas. We cannot let this history repeat itself.

Shortly after CRACK came to town, Young Women United partnered with the

Religious Coalition for Reproductive Choice and other local allies to raise awareness and opposition. We created and distributed fact sheets to allies, drug recovery programs, and service delivery organizations across town. We encouraged organizations to write letters to the editor of the *Albuquerque Journal* in protest, but none were printed.

We hope to hold community forums in the future and use alternative media strategies to expose CRACK's tactics as unethical and racist. As women of color, we are determined to protect our right to have children when, if and how we choose.

*Ann Caton is a staff member at Young Women United, which received a RESIST grant in 2002. For more information, contact PO Box 8490, Albuquerque, NM 87198-8490. <sup>1</sup>"Mothers Paid to Stop Having Children, Marie Claire, December 1998. <sup>2</sup>Charlotte Rutherford, "Reproductive Freedoms and African American Women," Yale Journal of Law and Feminism, vol. 4, Spring 1992.*



# "Crisis Pregnancy Centers" a Lie

## Women's Network Tells the Truth about CPCs

CHRISTINE SMITH

A few years ago, "Katie" thought she might be pregnant. Being a poor college student, she answered an ad in her college newspaper that advertised free pregnancy tests. She called AAA Crisis Pregnancy Center in Fargo, North Dakota and they told her to come right over. While she was waiting for the results of her test, she was shown a film called "The Silent Scream" about the horrors of abortion. Her test came back positive, and she said that she wanted an abortion. She was told by the "counselor" that she would regret it, develop psychological problems, and could become sterile. She became quite agitated and as she ran out, they handed her baby clothes.

Crisis pregnancy centers (CPCs) like the one Katie visited advertise in cinemas and other public venues. They seem innocuous, with names like "Women's Care Clinic" or "Pregnancy Information Center." They offer free pregnancy tests as a way to get young and low-income women to use their services. They advertise that they will listen and give advice and support to women facing potential unplanned pregnancies.

The reality is that CPCs are anti-choice. Once there, women are shown gruesome films of abortions while pregnancy results are delayed (confirmation of pregnancy takes only seconds with most tests). They may be lied to about how far along they are in their pregnancy so they cannot abort and given inaccurate information about the risks of abortion. They are told that the clinic will provide for them, and proselytized to (most centers are run by fundamentalist Christians). CPCs are rarely staffed by trained counselors or medical professionals, and they do not offer or give information about contraception.

In my own area, Fargo, ND/Moorhead, MN, there are four CPCs, but only one abortion clinic and one Planned Parenthood (in Moorhead). In the state of ND, there is one abortion clinic, no Planned Parenthood, and 14 CPCs. Many, if not most, women have no idea that these clinics are anti-choice. Women go to them because of their free pregnancy tests, and are then provided

with inaccurate and misleading information, making it difficult to make informed choices.

CPCs significantly outnumber women's health clinics that provide comprehensive reproductive services. According to



Members of NOW protest in front of local Republican headquarters in Arlington, Virginia. Photo courtesy of NOW

NARAL, there are over 3,200 CPCs in the United States. Compounding this statistic, although abortion is still legal in the US, access is eroding: there are fewer doctors and clinics, increasing numbers of informed consent laws for women under 18, and increasing numbers of laws requiring waiting periods. These tactics are devastating for all women, but have disproportionate impact on young and poor women, the targets of CPCs.

Yet funding for CPCs is increasingly coming from state and federal money. Florida's "Choose Life" license plates raise money for CPCs. Many CPCs get money from the federal government's funding of "abstinence only" sexual health education.

However, the pro-choice movement is working to expose CPCs. Nationally, several lawsuits have been filed against CPCs, prohibiting them from advertising as women's health care clinics. In New York, the attorney general subpoenaed 11 CPCs after complaints from women who visited them. But we know from abortion activism that legal methods cannot address all problems. As a result, national and state organizations such as NARAL, the Feminist Majority, and Planned Parenthood as well as grassroots organizations like my own, the

Women's Network of the Red River Valley (WNRRV), have begun to address the dangers of CPCs.

WNRRV has been doing reproductive rights activism in our community for a number of years. Because we have three colleges nearby and a growing immigrant community, we recognized that a free pregnancy test may appeal to low-income and young women. Katie is a member of our organization. She's pro-choice, but she went to the CPC because she did not realize that they are anti-choice. Our organization felt that to address the dangers of CPCs in our community we had two roles, to expose the clinics, and provide an alternative.

If the primary reason women are going to CPCs is because they offer free pregnancy tests, then we would provide free pregnancy tests. With the help of a grant from Resist, Inc. WNRRV bought pregnancy tests, put advertisements in two of the college newspapers announcing our free, no-questions-asked tests (the third college, a Lutheran institution, would not publish the ads). We put flyers on college campuses, in bars, in coffee shops, women's centers, counseling offices, anywhere we might be able to reach women. We are in the process of having the flyers translated into Spanish.

In addition to the free pregnancy test, WNRRV provides an information sheet with all options—abortion, adoption, social services for keeping the baby. We offer contact information for local counselors who support all reproductive choices, including county health departments, WIC agencies, and health clinics. Women can have the free pregnancy tests mailed to them, come to the office, or we can leave it outside in a mailbox if the woman wants complete anonymity.

We are also spreading the message of CPC deception through flyers, posters, and advertising in our community. Members of WNRRV are talking to women in college classes, at the Latina community center,

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and sponsoring public education talks in our own easily accessible building. We identify the local CPCs and tactics that women might experience there. Our goal is to educate women about all their reproductive choices and give them the opportunity to make the best choices for them.

The anti-choice movement has many tactics to deny women their right to make informed reproductive decisions. CPCs are a danger to any woman who has an unwanted pregnancy or is dealing with reproductive choice. They mislead and misinform the mostly low-income women who turn to them. WNRRV works to expose

them at every level.

*Christine Smith is a staff member at Women's Network of the Red River Valley, which received a grant from RESIST this year. For information, contact WNRRV, 116 12 St South, Moorhead, MN 56500; wnrrv@spacestar.net.*

# Choice on the Margin

## *Barriers Between Black Women & the Reproductive Rights Movement*

TONI M. BOND

**B**lack women have been in constant battle with the government, their communities, and even the reproductive rights movement, to control their bodies. We have been both quiet and vocal dissenters against the social and economic forces that try to deny us reproductive autonomy. We have marched, testified, circulated and signed onto ads and petitions, mobilized to organize around the issues, etc.

Yet, many women of color choose not to affiliate with the mainstream reproductive rights movement primarily because it separates abortion as an issue from the rest of the reproductive health agenda. The reproductive rights movement in its current state does not even begin to adequately address the unique concerns of not just Black women, but women of color collectively.

As one of the few Black women working for reproductive rights, this separation of the issues impacts my own personal life as I constantly work to balance my belief in reproductive autonomy, family, community with what it means to be a Black woman in a movement where White women continue to be at the forefront.

I was raised in a family where strong Black women ruled and did not apologize for it. I distinctly remember three things that were drilled into my head and that of my female cousins: 1) a black woman, had to be many things to many people: mother, daughter, wife, church member, worker, etc.; 2) good or bad, accept responsibility for your actions; making no choice at all is a decision to accept whatever is handed to you; and 3) no one makes decisions about your body but you; when you control your body, you control your future.

These personal and political convictions led me to my current place of employ-

ment, the Chicago Abortion Fund (CAF), where I have worked for the past six years.

The majority of CAF's clients are Black women. I was the first woman of color to be CAF's Executive Director. Two years prior to my arrival, CAF appointed a woman of color for the first time as its Board Chair. This was a major milestone for CAF—two Black women at the helm of the organization. My appointment to leadership at CAF was not the only first. I was also the only Black woman heading a reproductive rights organization in Illinois.

This background is relevant because it highlights the inability of the reproductive rights movement to incorporate the unique concerns of Black women into the agenda and the need for an influx of Black women, and women of color in general, to visible decision-making positions within the movement. Black women have been and still are treated as "invited guests" in the reproductive rights movement, despite the fact that issues of access to abortion services, forced and coercive sterilization, reproductive tract infections (RTIs) and infant and maternal mortality and morbidity impact women of color, especially Black women, most severely.

When Black women do come to the meeting, it is a constant challenge to keep other reproductive health concerns on the table with the issue of abortion. The majority of Black women support the right to choose but have difficulty with abortion always being front and center. Immediate and extended family is highly valued in the Black community. Low wages, unemployment, childcare, etc., make abortion for many women, particularly women of color, the decision they are *forced* to make, not necessarily the *choice* they always want to make.

Initiatives to broaden the agenda to encompass the full range of reproductive

health still focus a great deal of the attention on abortion. This difficulty with dedicating specific attention to other issues points to an inherent lack of understanding and sensitivity to the reproductive health issues confronting Black women. Too few mainstream groups are up in arms about dangerous contraceptives like Norplant, Depo Provera, and now Quinacrine, and how the numerous side effects have adversely impacted the health of many women of color.

Women of color, especially Black women, have high rates of contraction of RTI's. Black women continue to be at the greatest risk for HIV infection, RTI's and cervical cancer. There is a definitive association between sexually transmitted diseases and the incidence of cervical cancer. In spite of these facts, scientific focus remains on the development of long-acting, provider-controlled contraceptives (i.e., pregnancy reduction) rather than barrier methods that reduce the transmission of reproductive tract infections like HIV, gonorrhea and Chlamydia.

In recent years, many well-intentioned efforts have been made [by mainstream groups] to broaden the agenda, but these efforts never seem to pan out. The voices of women of color in the mainstream pro-choice movement are drowned out by other, seemingly more important, aspects of the fight for reproductive rights, leaving them with the arduous challenge of trying to be activists operating on the fringes of the movement. Women of color still find themselves the token invitees to fulfill weak attempts at diversity rather than as equal stakeholders helping to set the agenda and, many times, they are the recipients of patronizing attitudes and behaviors. While the existence of women of color is not denied, we are still not a part of the collective

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group of women at the helm of the reproductive rights movement.

But the shortcomings are not just with—nor should the admonitions be directed only toward—the mainstream reproductive rights movement. Women of color grapple with their own unique set of issues in coming together to organize in general, and around reproductive health specifically. The number of organizations founded specifically to address the unique health concerns of women of color are limited. Many have folded or struggle to maintain their existence due to limited funding, the need for skill-building in the areas of management effectiveness and organizational development, and challenges with capacity building. The hard truth and brutal reality is that white feminist organizations receive far more financial support than groups representing women of color.

Both white feminist and women of color groups provide services to the same populations—those women with the least access to health care—women of color. Yet, women of color organizations are expected to develop and implement amazing programs, do massive grassroots organizing, incorporate the perspectives of all women of color into one homogenous and unified voice, do legislative advocacy work, public education, and recruitment and leadership development—all on budgets of only a couple hundred thousand dollars.

This is not to say that even if women of color organizations were well-funded and supported, all problems would cease. There are years of social and economic oppression that women of color, particularly Black women, must work to surpass and overcome. We are more similar than different. Societal and political forces have carried out the systematic oppression of all women of color, not just some. Yet, many of us have so internalized this oppression that it has transformed into a self-hatred and seeps into and impedes our ability to work together collectively, resulting in organizational upheaval and our further disenfranchisement. This internal oppression is “acted out” in every form imaginable—classism, ageism, homophobia, sexism, etc.

Black women still face tremendous opposition in their efforts to control their reproduction, especially from the Black church, conservative community-based organizations and the Black community in

## [The] mainstream reproductive rights movement separates abortion from the rest of the reproductive health agenda.

general. The hesitancy within the Black community to confront and discuss issues such as sexual and domestic violence, sexuality education and sexual orientation, has served to undermine Black women’s attempts to claim their reproductive autonomy. Much of this hesitancy is directly associated with a lack of [community] understanding of reproductive health in its broadest context, beyond abortion.

The charge of the reproductive rights community must be to stop merely giving lip-service to the notion of organizing around a broader spectrum of reproductive health. That means remaining steadfast and committed to devoting time and energy to issues beyond abortion. It means being mindful when the direction starts to change, and listening and hearing women of color when it’s pointed out. It also means confronting the racist assumption of “ownership” of this movement. The reproductive health of women of color is in serious jeopardy. The reproductive health movement “belongs” to all women.

Black women must continue to expand the discussions amongst ourselves about our reproductive health. We must come to understand and work through the internalized oppression that prevents us from connecting with each other on a basic level and around this most critical issue. Such changes in focus would mean a radical shift in the way the reproductive health of Black women, as well as that of all women of color, is viewed and supported.

*Toni M. Bond is the Executive Director of the Chicago Abortion Fund and co-founder of African American Women Evolving (AAWE). This article is excerpted with permission from Political Environments (Issue #8, Winter/Spring 2001), [www.cpwe.org](http://www.cpwe.org).*

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workers with other health issues, such as heart disease or diabetes, are often denied transfer rights. This option, while important, can cause divisions within a workplace.

2. Information requests. Unions have the right to get from the company all information they need to properly represent their members. Unions should request all health information on reproductive hazards. The information they receive should include the other hazards posed by these products.

3. Education. Unions should use information from the company and other sources to educate workers on job-related hazards. When workers see that the issue is not just about reproductive hazards, and does not just affect women, it will bolster their fight for safer workplaces for everyone.

4. Coalitions. Unions should seek support from other organizations concerned with reproductive rights. Working together on issues of mutual concern will both help with the fight for safer workplaces, and will strengthen the movement as a whole. It is particularly important to connect with women’s organizations. First they are obvious allies. Second, it provides an opportunity to educate those organizations about the issues faced by women workers.

5. Legislative Campaigns. National Health Care and Paid Family Leave will not come without political struggle. Unions should work with other organizations to create a movement to provide working people with basic rights, like health care and paid leave, that are already commonplace throughout the world.

Most people work to support themselves and their families. Without true reproductive freedom, including the right to economic stability and the right to a healthy child, workers are denied their right to live their lives as they choose.

These freedoms will only come when the union movement embraces these struggles wholeheartedly, and when women’s and other civil rights groups recognize the vital role that organized labor has always played in advancing social change.

*Diane Stein has been a labor, safety and health activist for more than 20 years. She is Recording Secretary of PACE (Paper, Allied-Industrial, Chemical and Energy Workers International Union) Local 1-149.*



# Pro-Choice and Pro-Faith

## Challenges and Strategies at Roe's 30<sup>th</sup> Anniversary

SARAH GIBBAND  
ROSEMARY CANDELARIO

Clergy and religious people have a long history of supporting and fighting for reproductive rights. The Clergy Consultation Service played a major role in helping women get safe abortions before *Roe v. Wade*, and many clergy and lay people were part of the struggle to legalize contraception and abortion. Most Protestant denominations have long-standing pro-choice positions, as do the Unitarian Universalist Association, the Ethical Culture Movement, and many Jewish traditions. Though the Catholic Church is against abortion, many individual Catholics are themselves pro-choice. Yet many people believe that religion and morality are the domain of the anti-choice movement. This perception is reinforced by pictures in the media of anti-choice protesters praying, and by Christian political candidates who openly embrace the pro-life movement.

The Religious Coalition for Reproductive Choice is an interfaith alliance that is working to transform the public discourse on abortion rights and reproductive choice. Organized on the national level and in 24 affiliates across the country, the Religious Coalition for Reproductive Choice includes Jewish and Christian denominations, as well as faith-based interest groups. Our activism includes initiatives that promote dialog on sexuality and choice within congregations, and supports legislative action and public campaigns for choice in the larger community.

Each of the denominations and religiously affiliated organizations that comprise the Religious Coalition supports reproductive choice *because* of their faith and religious traditions, not *despite* them. Here are some examples of their eloquent words of support:

*[R]eproductive freedom is a fundamental right, grounded in the most basic notions of personal privacy, individual integrity and religious liberty. Jewish religious traditions hold that a woman must be left to her own conscience and God to decide for herself what is morally correct. The fundamental right to*



RCRC provides a peaceful presence at anti-abortion protests in Wichita, KS. Photo courtesy of RCRC

*privacy applies to contraception to avoid unintended pregnancy as well as to freedom of choice on abortion to prevent an unwanted birth. (American Jewish Congress, 1989 Biennial Convention)*

*[W]e are...bound to respect the sacredness of the life and well-being of the mother, for whom devastating damage may result from an unacceptable pregnancy. In continuity with past Christian teaching, we recognize tragic conflicts of life with life that may justify abortion, and in such cases support the legal option of abortion under proper medical procedures. (United Methodist Church, 2000 General Conference)*

In today's political climate, articulating a faith-based message of support for reproductive rights has not always been easy. Pro-choice religious organizations face challenges both from within and outside their ranks. Some denominations, including the Presbyterian Church (USA), the United Methodist Church, and the Episcopal Church face pressure from splinter groups within their ranks that seek to erode their traditional support for choice.

In the public sphere, pro-choice religious organizations bear a burden of proof that anti-choice religious organizations do not bear for three reasons:

First, many Americans assume that religions are sexually conservative and further, those both inside and outside "religion" often assume that churches, synagogues, and mosques are more conserva-

tive than they actually are. Susan Higgins, a Religious Coalition organizer in Texas, puts it this way: "Although mainstream religious institutions are pro-choice, the fact

is that nobody knows much about their own church hierarchy and position or the positions of other religious institutions, except of course the Catholic Church. In other words, people assume the worst and don't know that most religious organizations believe in the moral agency of women and have progressive agendas on reproductive freedoms." This historically also includes the broader pro-choice movement, which has sometimes looked with suspicion at religious pro-choice people. Today, how-

ever, the pro-faith, pro-choice voice is welcomed and valued by our allies in the reproductive freedom movement.

Second, a pro-choice position acknowledges complexity and multiplicity of opinion, it can be challenging for pro-choice religious organizations to speak with "one voice" on the issue of abortion. "Liberal churches believe that all people have equal voice, including the minority voice," says Rev. Rebecca Turner, Executive Director of the Missouri Religious Coalition for Reproductive Choice. "They prefer to accept disagreement rather than resolve it by excluding some opinions. Church leaders do not like to speak in favor of one viewpoint when they know that it will upset some of their membership. They prefer to publicly ignore the most controversial topics, simply believing that it is a matter of personal opinion."

Third, anti-choice religious organizations have historically been more organized. "No one in the mainline Christian denominations looked at, or took seriously, the money or the time anti-choice groups were putting into getting their voice out as the definitive faith voice [on abortion]," says Rev. Monica Corsaro, President of the Washington State Religious Coalition and an ordained elder in the United Methodist Church Pacific Northwest Conference. "Having buses after church ready to protest the local clinic, using as much media as possible to talk about abortion, donating funds to anti-choice campaigns..." the list goes on. Pro-choice people of faith have, since *Roe v. Wade*, been less active

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and visible than anti-choice people of faith. As mentioned earlier, some of this anti-choice organizing has happened *within* pro-choice Christian denominations, as anti-choice factions within such denominations have grown more vocal.

## Religious Activism for Choice

Because mainstream discourse assumes that religious people are opposed to abortion, it is pro-choice people of faith and pro-choice religious organizations who too often have to prove that they exist and that they speak for real constituencies. After almost 30 years of Religious Right misinformation, many people have conflicting beliefs. They are pro-choice, but they erroneously believe that most clergy and religions are not.

To combat these misconceptions, the Religious Coalition has launched a national ad campaign about religious support for choice that declares: "Abortion is a personal decision best left in the hands of a woman and her God." Some recent organizing successes of the coalition include the Black Church Initiative, the Clergy for Choice Network, countering the radical anti-choice organization Operation Save America (formerly Operation Rescue), and the launch of Spiritual Youth for Religious Freedom. Religious Coalition T-shirts and

bumper stickers read: "Pro-faith, pro-family, pro-choice" and "I'm pro-choice and I pray."

The Black Church Initiative encourages and assists African American religious leaders and the African American community to address reproductive health issues such as teen pregnancy, HIV/AIDS, and sexuality education within the context of African American culture and religion. The Initiative addresses the traditional silence in Black churches around issues of sexuality by affirming religious institutions as a sanctuary for safe, confidential discussions.

The Clergy for Choice network includes pro-choice clergy from across the country who have signed a pledge of "strong support for reproductive choice, which encompasses access to safe, reliable contraception, family planning education, comprehensive sexuality education, affordable and reliable childcare and health care, adoption services, and access to safe, legal, and affordable abortions. Activating clergy is key in a political climate where the administration is openly attempting to use conservative religion to make abortion illegal.

The Religious Coalition for Reproductive Choice also participates in direct actions on the state, local, and national levels. For example, members participate in Peaceful Presence, a non-violent, non-confrontational, religious presence in front of women's health clinics targeted by anti-

choice protestors. Peaceful Presence provides solace and moral support to patients, families and abortion providers. In July 2001 members of the Religious Coalition from across the country went to Wichita, Kansas to support the women's health clinics there, which were under attack by Operation Save America. Our peaceful message helped to defuse the tension at the clinics without sinking to the level of the anti-choice protesters, many of whom used religion and religious symbols in a judgmental and harassing manner.

Spiritual Youth for Religious Freedom (SYRF) provides opportunities for youth and young adults to put their faith into action and advocate for choice. SYRF raises the voices of the next generation of pro-choice leaders—on campuses, in congregations, and in communities—by providing youth and young adults with opportunities to shape the future of important issues that affect them, including: comprehensive sexuality education, religious liberty, HIV/AIDS prevention, and access to family planning services and legal, safe, and affordable abortion services.

The coalition continues to participate in lobbying on Capitol Hill and in state legislatures around the country on issues such as insurance coverage for contraception and comprehensive sexuality education. Representatives are often gratified to hear from pro-choice religious constituents. Our voices are particularly effective in countering anti-choice religious arguments.

As the 30<sup>th</sup> anniversary of *Roe vs. Wade* approaches, the pro-choice movement faces great challenges in upholding a woman's right to choose in the face of increasing anti-choice religious rhetoric. To preserve reproductive choice, we must galvanize the pro-choice, pro-faith majority. This is where our unique role in the movement comes through. We can answer Biblical challenges to the right to choose. We can speak with the authority of faith and religion. And sometimes this voice can move people in a way that others cannot.

*Sarah Gibb is Vice President and Rosemary Candelario is the Executive Director of the Religious Coalition for Reproductive Choice of Massachusetts. RCRC-MA received a grant from RESIST this year. For more information, contact RCRC-MA, PO Box 1129, Brookline, MA 02446; [www.rcrc.org](http://www.rcrc.org).*

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